

VACCINE EMERGENCY RESPONSE PLAN

*****Post on the outside of the refrigerator or in a conspicuous place for all staff to see*****

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|----------------------------|-------|
| Provider/Clinic Name | PIN |
| Primary VFC Contact | Phone |
| Secondary VFC Contact | Phone |
| Person with 24-hour access | Phone |

For a Power Outage: If you do not have a generator, identify at least one location with a generator (hospital, 24-hour store, etc.). Before transporting, call the back-up location site to ensure that their generator is working.

| | | |
|-------------|----------------|-------|
| Location #1 | Contact Person | Phone |
| Location #2 | Contact Person | Phone |

How will you be notified of an outage? _____

Vaccines must be transported in an insulated cooler with a barrier separating the vaccines from the ice/cold packs. Varicella, MMRV and zoster **must** be transported with dry ice. If dry ice is not available, do not transport vaccine.

Location where dry ice may be purchased _____

If your emergency back-up location is more than 30 minutes away and you have a large quantity of vaccine, consider renting a refrigerated truck to transport your vaccine.

Refrigeration Company _____ Phone _____

Other Resources:

Local Health Agency _____ Phone _____

Check and Record Refrigerator and Freezer Temperatures Twice Daily.

- ▶ Once in the morning, when the practice opens.
- ▶ Once in the afternoon to allow for adjustments prior to the time the clinic closes.
- ▶ Temperatures may be taken and recorded by clinic staff, but **must** be reviewed and initialed weekly by either the primary or secondary VFC contact person to ensure appropriate temperatures are maintained or necessary actions are taken if temperatures are out of range.

What to do if a power failure occurs, the refrigerator door was left open, the temperature was too cold, the refrigerator plug was pulled, or any other situation which would cause improper storage conditions:

1. Close the door and/or plug in the refrigerator/freezer.
2. Record the current temperature of the refrigerator/freezer.
3. If the emergency is a power outage, contact the electric company to determine the length of the outage. If the outage is estimated to be less than four (4) hours, it is not necessary to transport the vaccine. **Ensure refrigeration unit doors remain closed.**
4. Store the vaccines at appropriate temperatures. Make sure that the refrigerator/freezer is working properly or move the vaccines to a unit that is. Do not automatically throw out the affected vaccine. Mark the vaccine so that the potentially compromised vaccines can be easily identified.
5. Collect essential data on the reverse side of this sheet and notify the Missouri VFC Program at (800-219-3224).
6. **Call all manufacturers of affected vaccines (see table on the reverse side of this sheet).**

Turn over for Emergency Response Worksheet

Missouri Vaccine for Children

EMERGENCY RESPONSE WORKSHEET

1. Current temperature of refrigerator: _____ Max/min temperature reached: _____
2. Current temperature of freezer: _____ Max/min temperature reached: _____
3. Time temperature was outside normal range: Refrigerator _____ Freezer _____

REFRIGERATOR

| Vaccine | Manufacturer | No. of Doses | Lot Number | Expiration Date |
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FREEZER

| Vaccine | Manufacturer | No. of Doses | Lot Number | Expiration Date |
|---------|--------------|--------------|------------|-----------------|
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Other useful information:

| | | Contact Person | Telephone Number |
|-------------------------------------|--|-------------------|--|
| Dept. of Health and Senior Services | Bur. of Immunization Assessment and Assurance | VFC Program Staff | 573-751-6124 |
| | Field Staff Representative | | |
| National Weather Service | www.nws.noaa.gov/ | | |
| Vaccine Manufacturers | GlaxoSmithKline | | 866-475-8222 |
| | Sanofi Pasteur | | 800-822-2463 |
| | | | 800-637-2579 800-982-7482 (Varicella) |
| | Merck | | |
| | Wyeth | | 800-572-8221 |
| | Novartis | | 800-244-7668 |
| | MedImmune | | 877-633-4411 |
| Local Radio Station(s) | | | |
| Local TV station | | | |
| Local Utility Provider | | | |